

JUDY H. HASSELL
Chief Deputy

Telephone (205) 481-4131

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Only
(205) 481-4207



BESSEMER DIVISION
P.O. Box 1190
Bessemer, Alabama 35021-1190

GROVER DUNN
ASSISTANT TAX COLLECTOR – JEFFERSON COUNTY
March 10, 2010

US Bankruptcy Court
Chapter 11, Clerk
One Bowling Green
New York, NY 10004-1408

RE: Motors Liquidation Company (fka General Motors Corp.)
Bankruptcy Case No. 09-50026 REG)
Parcel ID: 90-37-505829.010-PP
90-37-505829.020-PP



Gentlemen:

Please withdraw the claims that were filed for 2009 taxes on the above referenced parcels. (Copy of Claims Enclosed). The 2009 taxes have been paid.

Thank you for your assistance in this matter.

Sincerely,

Grover Dunn
Assistant Tax Collector
Bessemer Division

GD:eb

Enclosure

Copy to: The Garden City Group, Inc.

PS0708593537

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Name of Debtor (Check Only One): Motors Liquidation Company (f/k/a General Motors Corporation) MLCS, LLC (f/k/a Saturn, LLC) MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)		Case No. 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)	
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(6) or § 503(c)(2). All other requests for payment of an administrative expense should be pursuant to 11 U.S.C. § 503.		Your Claim is Scheduled As Follows: Motors Liquidation Company Priority: \$0.00 Contingent / Unliquidated	
Name of Creditor (the person or other entity to whom the debtor owes money or property): JEFFERSON COUNTY TAX COLLECTOR		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where notices should be sent: JEFFERSON COUNTY TAX COLLECTOR ATTN: LEGAL OFFICER / BANKRUPTCY DEPT. PO BOX 1190 GROVER DUNN, ASSISTANT TAX COLLECTOR BESSEMER, AL 35021-1190		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: Email Address: (205) 481-4131		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. This scheduled amount of your claim may be an indication to a previously scheduled amount. If you agree with the amount and priority of your claim as scheduled by the Debtor, you are not required to file this proof of claim. If you do not agree, you must file this proof of claim. If you have already filed a proof of claim, you must file again.	
1. Amount of Claim as of Date Case Filed, June 1, 2009: \$12.37		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box(es) and the amount.	
<input type="checkbox"/> Full or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. Full or part of your claim is entitled to priority, complete item 5. If all or part of your claim is assigned pursuant to 11 U.S.C. § 541(c)(2), complete item 6.		<input type="checkbox"/> Special priority claim under 11 U.S.C. § 507(a)(1)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or compensation of less than \$12,000 earned within 180 days before filing of case, not in the ordinary course of business, whichever is earlier. 11 U.S.C. § 507(a)(4)	
2. Basis for Claim: 2009 Ad Valorem Tax See instruction #2 on reverse side.		<input type="checkbox"/> Contribution to an employee benefit plan. 11 U.S.C. § 507(a)(5)	
3. Last four digits of any number by which creditor identifies debtor: 8442 2009 BILZ # 318442 PARCEL ID 90-37-505829.020-PP UNIT # 52-0 (See instruction #3a on reverse side)		<input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services to personal, family, or household use. 11 U.S.C. § 507(a)(6)	
4. Secured Claim (See instruction #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: ____% Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)	
6. Credits: The amount of payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case. 11 U.S.C. § 507(b)(9)(1) & 507(a)(2)	
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction #7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		<input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. § 507(a) _____. Amount entitled to priority: \$12.37	
If the documents are not available, please explain in an attachment.		* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Date: 10/22/09 Jefferson County Asst Tax Collector		U.S. BANKRUPTCY COURT SO. DIST. OF NEW YORK MAR 16 2010	

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
 Modified B10 (GCC) (12 08)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

Case No.
09-50026 (REG)
09-50027 (REG)
09-50028 (REG)
09-13558 (REG)

Debtor (Check Only One):
Motors Liquidation Company (f/k a General Motors Corporation)
MLCS, LLC (f/k a Saturn, LLC)
MLCS Distribution Corporation (f/k a Saturn Distribution Corporation)
MLC of Harlem, Inc. (f/k a Chevrolet-Saturn of Harlem, Inc.)

PROOF OF CLAIM

Your Claim is Scheduled As Follows:

Motors Liquidation Company

Priority: \$0.00

Contingent / Unliquidized

1. This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(7)(C) or § 503(b)(7)(D). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

2. Name of Creditor (the person or other entity to whom the debtor owes money or property): **JEFFERSON COUNTY TAX COLLECTOR**

3. Name and address where notices should be sent:
**JEFFERSON COUNTY TAX COLLECTOR
ATTN: LEGAL OFFICER / BANKRUPTCY DEPT.
PO BOX 1190
GROVER DUNN, ASSISTANT TAX COLLECTOR
BESSEMER, AL 35021-1190**

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(if known)

Filed on: _____

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown on this schedule. Amount of your claim may be an amendment to a previously scheduled amount if you agree with the amount of priority of your claim as scheduled by the Debtor, and you have no other claim against the Debtor, you are not required to file this proof of claim. If you have a claim against the Debtor, you must file this proof of claim. If you have a claim against the Debtor, you must file this proof of claim. If you have a claim against the Debtor, you must file this proof of claim. If you have a claim against the Debtor, you must file this proof of claim.

4. Telephone number: **(205) 481-4131**

5. Email Address: _____

6. Name and address where payment should be sent if different from above:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

7. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

8. Specify the priority of your claim.

1. Amount of Claim as of Date Case Filed, June 1, 2009: **\$ 230.83**

2. If all or part of your claim is secured, complete 3 and 4 below. If all of your claim is unsecured, do not complete item 3 or 4. If all or part of your claim is entitled to priority, complete 5. If all or part of your claim is secured pursuant to 11 U.S.C. § 507(c), complete 6.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

9. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

10. Specify the priority of your claim.

3. Basis for Claim: **2009 Ad Valorem Tax**

4. Last four digits of any number by which a creditor identifies debtor: **8443**

5. 2009 Bill # **318443** PARCEL ID **90-37-505829.010-PP** UNIT # **52-0**

6. Debtor may have scheduled account as:

11. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

12. Specify the priority of your claim.

7. Secured Claim (See instruction 7 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Describe:

Value of Property: \$ _____ Annual Interest: _____

Amount of arrearage and other charges as of time claim filed included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

13. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

14. Specify the priority of your claim.

8. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

9. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements, billing accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 9 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

15. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

16. Specify the priority of your claim.

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Date: **10/22/09**

Jefferson County Asst. Tax Collector

17. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

18. Specify the priority of your claim.